



2017

SEP 16 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

		Application Number	08/071,052
		Filing Date	Jun 4, 1993
		First Named Inventor	Kreamer
		Art Unit	1617
		Examiner Name	Jennifer M. Kim
Total Number of Pages in This Submission	7	Attorney Docket Number	4673120/4650

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Davis, Brown, Koehn, Shors & Roberts, P.C.		
Signature			
Printed name	Emily E. Harris		
Date	September 14, 2005	Reg. No.	56201

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Jeri D. Krutsinger	Date	September 14, 2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
Kreamer) Group Art Unit 1614
Serial No. 08/071,052)
Filed: June 4, 1993) Examiner: Criares
For: Aspirin and Vitamin and/or Trace)
Element Compositions for the)
Amelioration and Treatment of Vascular)
Disease)

AMENDMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

In the matter of the above-identified patent application and in response to the Office Action mailed June 15, 2005, kindly enter the following amendments and consider the following remarks relative to the continued examination of the patent application.

Amendments to the claims begin on page 2 of this response.

Remarks begin on page 5 of this response.